

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216510692						
1.) CORPORATION NAME: MONARCH BANK <div style="float: right;">DUE DATE: 5/31/2016</div>								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BRAD E SCHWARTZ 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA <div style="float: right;">SCC ID NO: 05022249</div>								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESAPEAKE CITY <div style="float: right;"> 5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px;">CLASS</th> <th style="padding: 2px;">AUTHORIZED</th> </tr> <tr> <td style="padding: 2px;">COMMON</td> <td style="padding: 2px;">20,000,000</td> </tr> <tr> <td style="padding: 2px;">PREFER</td> <td style="padding: 2px;">2,000,000</td> </tr> </table> </div>			CLASS	AUTHORIZED	COMMON	20,000,000	PREFER	2,000,000
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COMMON	20,000,000							
PREFER	2,000,000							
4.) STATE OR COUNTRY OF INCORPORATION: VA								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 1435 CROSSWAYS BLVD CITY/ST/ZIP: CHESAPEAKE, VA 23320 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> OFFICER</td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> DIRECTOR</td> </tr> <tr> <td> NAME: E. NEAL CRAWFORD TITLE: PRESIDENT ADDRESS: 1435 CROSSWAYS BLVD, SUITE 301 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320 </td> <td></td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	NAME: E. NEAL CRAWFORD TITLE: PRESIDENT ADDRESS: 1435 CROSSWAYS BLVD, SUITE 301 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320		
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWTON H BAKER DIRECTOR 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY F BENSON DIRECTOR 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE P COVINGTON, JR DIRECTOR 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA S CROSS DIRECTOR 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAYLOR B GRISSOM DIRECTOR 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT M OMAN DIRECTOR 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH T PATTERSON DIRECTOR 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT C SCHAUBACH DIRECTOR 1435 CROSSWAYS BLVD, SUITE 301 CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRAD E SCHWARTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		BRAD E SCHWARTZ, CEO PRINTED NAME AND CORPORATE TITLE	
		3/24/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			